

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/873555	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1						51		
2							52		
3							53		
4							54		
5							55		
6		1					56		
7							57		
8		1					58		
9							59	1	
10		1					60	1	
11							61	1	
12		1					62	1	
13							63	1	
14		1					64	1	
15							65	1	
16							66	1	
17							67	1	
18							68	1	
19							69		
20							70		
21							71		
22							72		
23							73		
24							74		
25							75		
26							76		
27							77		
28							78		
29		1					79		
30							80		
31							81		
32							82		
33							83		
34		1					84		
35							85		
36		1					86		
37		1					87		
38		1					88		
39		1					89		
40							90		
41							91		
42							92		
43							93		
44		1					94		
45							95		
46		1					96		
47		1					97		
48		1					98		
49		1					99		
50							100		
TOTAL IND.	1						TOTAL IND.		
TOTAL DEP.	21						TOTAL DEP.	10	
TOTAL CLAIMS	22						TOTAL CLAIMS	10	